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PTO/SB/01 (12-97)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)	Attorney Docket Number	39042-0036
	First Named Inventor	Manzer Durrani
	COMPLETE IF KNOWN	
	Application Number	10/579,088
	Filing Date	May 12, 2006
	Group Art Unit	To be assigned
	Examiner Name	To be assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**ALPHA 1-ANTITRYPSIN COMPOSITIONS AND TREATMENT METHODS USING
SUCH COMPOSITIONS**

(Title of the Invention)

the specification of which

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY)

05/12/2006

as United States Application Number or PCT International

Application Number 10/579,088 and was amended on (MM/DD/YYYY) (if applicable).

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.
60/520,549	11/14/2003	

(Page 1 of 2)

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/US2004/038650	11/11/2004	

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As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 25213 →

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar
Code Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number 25213 OR ☐ Correspondence address below

Name					
Address					
City		State		ZIP	
Country	Telephone		Fax		


I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))				Family Name or Surname			
Manzer				DURRANI			
Inventor's Signature						Date	
						12/7/07	
Residence: City	Plantation	State	FL	Country	United States	Citizenship	United States
Residence: Address		8290 Cleary Boulevard, Villa #2906					
Post Office: Address		8290 Cleary Boulevard, Villa #2906					
Post Office: City	Plantation	State	FL	ZIP	33324	Country	United States

☒ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:

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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Harish				KUMAR			
Inventor's Signature			Date				
Residence: City	Fullerton	State	CA	Country	United States	Citizenship	United States
Residence: Address 2056 McGarvey Street							
Post Office: Address 2056 McGarvey Street							
Post Office: City	Fullerton	State	CA	ZIP	92833	Country	United States
Given Name (first and middle (if any))				Family Name or Surname			
Timothy				KRIEGER			
Inventor's Signature			Date				
Residence: City	Richmond	State	TX	Country	United States	Citizenship	United States
Residence: Address 7702 Dovetail Lane							
Post Office: Address 7702 Dovetail Lane							
Post Office: City	Richmond	State	TX	ZIP	77469	Country	United States
Given Name (first and middle (if any))				Family Name or Surname			
Ken				KABINGUE			
Inventor's Signature			Date				
Residence: City	Los Angeles	State	CA	Country	United States	Citizenship	United States
Residence: Address 5146 Windermere Avenue							
Post Office: Address 5146 Windermere Avenue							
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Given Name (first and middle (if any))				Family Name or Surname			
Virginia				MOSHER			
Inventor's Signature				Date			
Residence: City	Lebanon	State	MO	Country	United States	Citizenship	United States
Residence: Address	27011 Harrill Lane						
Post Office: Address	27011 Harrill Lane						
Post Office: City	Lebanon	State	MO	ZIP	65536	Country	United States
Given Name (first and middle (if any))				Family Name or Surname			
Philip J.				BARR			
Inventor's Signature				Date			
Residence: City	Oakland	State	CA	Country	United States	Citizenship	United States
Residence: Address	5602 Denton Place						
Post Office: Address	5602 Denton Place						
Post Office: City	Oakland	State	CA	ZIP	94619	Country	United States
Given Name (first and middle (if any))				Family Name or Surname			
Ian C.				BATHURST			
Inventor's Signature				Date			
Residence: City		State	Breitenbach	Country	Austria	Citizenship	United States
Residence: Address	Dorf. 82						
Post Office: Address	Dorf. 82						
Post Office: City		State	Breitenbach	ZIP	A-6252	Country	Austria

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			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar
Code Label here

Name	Registration Number	Name	Registration Number

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Name					
Address					
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Country		Telephone		Fax	


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Harish				KUMAR			
Inventor's Signature 			Date		18 Dec 2007		
Residence: City	Fullerton	State	CA	Country	United States	Citizenship	United States
Residence: Address 2056 McGarvey Street							
Post Office: Address 2056 McGarvey Street							
Post Office: City	Fullerton	State	CA	ZIP	92833	Country	United States
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Timothy				KRIEGER			
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			<input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
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City		State		ZIP	
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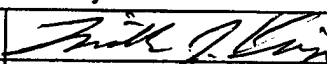
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Residence: Address		2056 McGarvey Street					
Post Office: Address		2056 McGarvey Street					
Post Office: City	Fullerton	State	CA	ZIP	92833	Country	United States
Given Name (first and middle (if any))				Family Name or Surname			
Timothy				KRIEGER			
Inventor's Signature				Date		12 Nov 2007	
Residence: City	Richmond	State	TX	Country	United States	Citizenship	United States
Residence: Address		7702 Dovetail Lane					
Post Office: Address		7702 Dovetail Lane					
Post Office: City	Richmond	State	TX	ZIP	77469	Country	United States
Given Name (first and middle (if any))				Family Name or Surname			
Ken				KABINGUE			
Inventor's Signature				Date			
Residence: City	Los Angeles	State	CA	Country	United States	Citizenship	United States
Residence: Address		5146 Windermere Avenue					
Post Office: Address		5146 Windermere Avenue					
Post Office: City	Los Angeles	State	CA	ZIP	90041	Country	United States
<input checked="" type="checkbox"/> Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:							

Please Type a plus sign (+) inside this box 

PTO/SB/02A (3-97)

Approved for use through 9/30/98, OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>3</u>			
Given Name (first and middle (if any))				Family Name or Surname			
Virginia				MOSHER			
Inventor's Signature						Date	
Residence: City	Lebanon	State	MO	Country	United States	Citizenship	United States
Residence: Address	27011 Harrill Lane						
Post Office: Address	27011 Harrill Lane						
Post Office: City	Lebanon	State	MO	ZIP	65536	Country	United States
Given Name (first and middle (if any))				Family Name or Surname			
Phillip J.				BARR			
Inventor's Signature						Date	
Residence: City	Oakland	State	CA	Country	United States	Citizenship	United States
Residence: Address	5602 Denton Place						
Post Office: Address	5602 Denton Place						
Post Office: City	Oakland	State	CA	ZIP	94619	Country	United States
Given Name (first and middle (if any))				Family Name or Surname			
Ian C.				BATHURST			
Inventor's Signature						Date	
Residence: City		State	Breitenbach	Country	Austria	Citizenship	United States
Residence: Address	Dorf. 82						
Post Office: Address	Dorf. 82						
Post Office: City		State	Breitenbach	ZIP	A-6252	Country	Austria

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)	Attorney Docket Number	39042-0036
	First Named Inventor	Manzer Durrani
	COMPLETE IF KNOWN	
	Application Number	10/579,088
	Filing Date	May 12, 2006
	Group Art Unit	To be assigned
Examiner Name	To be assigned	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**ALPHA 1-ANTITRYPSIN COMPOSITIONS AND TREATMENT METHODS USING
SUCH COMPOSITIONS**

(Title of the Invention)

the specification of which
☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY)

05/12/2006

as United States Application Number or PCT International

Application Number 10/579,088 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.
60/520,549	11/14/2003	

(Page 1 of 2)

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PTO/SB/01 (12-97)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/US2004/038650	11/11/2004	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number **25213** 

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar
Code Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label **25213** OR ☐ Correspondence address below

Name					
Address					
City		State		ZIP	
Country		Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))				Family Name or Surname			
Manzer				DURRANI			
Inventor's Signature						Date	
Residence: City	Plantation	State	FL	Country	United States	Citizenship	United States
Residence: Address	8290 Cleary Boulevard, Villa #2906						
Post Office: Address	8290 Cleary Boulevard, Villa #2906						
Post Office: City	Plantation	State	FL	ZIP	33324	Country	United States

☒ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>3</u>
--------------------	--

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Harish				KUMAR			
Inventor's Signature				Date			
Residence: City	Fullerton	State	CA	Country	United States	Citizenship	United States
Residence: Address 2056 McGarvey Street							
Post Office: Address 2056 McGarvey Street							
Post Office: City	Fullerton	State	CA	ZIP	92833	Country	United States
Given Name (first and middle (if any))				Family Name or Surname			
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Inventor's Signature				Date			
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Post Office: Address 7702 Dovetail Lane							
Post Office: City	Richmond	State	TX	ZIP	77469	Country	United States
Given Name (first and middle (if any))				Family Name or Surname			
Ken				KABINGUE			
Inventor's Signature				Date		12/6/2007	
Residence: City	Los Angeles	State	CA	Country	United States	Citizenship	United States
Residence: Address 5146 Windermere Avenue							
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Ian C.					BATHURST			
Inventor's Signature						Date		
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	First Named Inventor	Manzer Durrani
	COMPLETE IF KNOWN	
	Application Number	10/579,088
	Filing Date	May 12, 2006
	Group Art Unit	To be assigned
Examiner Name	To be assigned	

As a below named inventor, I hereby declare that:

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I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

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(Title of the Invention)

the specification of which
☐ is attached hereto
OR

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05/12/2006

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:

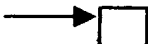
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.
60/520,549	11/14/2003	

(Page 1 of 2)

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/US2004/038650	11/11/2004	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number **25213** 

Place Customer
Number Bar
Code Label here

OR

☐ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number **25213** OR ☐ Correspondence address below

Name					
Address					
City		State		ZIP	
Country		Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))				Family Name or Surname			
Manzer				DURRANI			
Inventor's Signature						Date	
Residence: City	Plantation	State	FL	Country	United States	Citizenship	United States
Residence: Address	8290 Cleary Boulevard, Villa #2906						
Post Office: Address	8290 Cleary Boulevard, Villa #2906						
Post Office: City	Plantation	State	FL	ZIP	33324	Country	United States

☒ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:

Please Type a plus sign (+) inside this box 

PTO/SB/02A (3-97)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>3</u>
--------------------	--

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Harish				KUMAR			
Inventor's Signature						Date	
Residence: City		Fullerton	State	CA	Country	United States	Citizenship
Residence: Address		2056 McGarvey Street					
Post Office: Address		2056 McGarvey Street					
Post Office: City		Fullerton	State	CA	ZIP	92833	Country
						United States	
Given Name (first and middle (if any))				Family Name or Surname			
Timothy				KRIEGER			
Inventor's Signature						Date	
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Residence: Address		7702 Dovetail Lane					
Post Office: Address		7702 Dovetail Lane					
Post Office: City		Richmond	State	TX	ZIP	77469	Country
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Given Name (first and middle (if any))				Family Name or Surname			
Ken				KABINGUE			
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Residence: City		Los Angeles	State	CA	Country	United States	Citizenship
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Given Name (first and middle (if any))				Family Name or Surname			
Virginia				MOSHER			
Inventor's Signature	<i>Virginia Mosher</i>			Date	12/24/07		
Residence: City	Lebanon	State	MO	Country	United States	Citizenship	United States
Residence: Address	27011 Harrill Lane						
Post Office: Address	27011 Harrill Lane						
Post Office: City	Lebanon	State	MO	ZIP	65536	Country	United States
Given Name (first and middle (if any))				Family Name or Surname			
Philip J.				BARR			
Inventor's Signature				Date			
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Residence: Address	5602 Denton Place						
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Ian C.				BATHURST			
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		First Named Inventor	Manzer Durrani
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		Group Art Unit	To be assigned
		Examiner Name	To be assigned

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				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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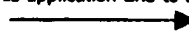
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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not designated in the prior United States or PCT international application in the manner provided by the first paragraph of 31 U.S.C. 112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/US2004/038650	11/11/2004	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number **25213** 

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☐ Registered practitioner(s) name/registration number listed below

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☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label **25213** OR ☐ Correspondence address below

Name					
Address					
City		State		ZIP	
Country		Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
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☒ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:

Please Type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>3</u>
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>3</u>			
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